



## **CARE MOZAMBIQUE**

### **Child Survival XVII Nampula-Rapale & Mlema districts**

**Cooperative Agreement Number: HFP-A-00-01-00038-00  
October 1, 2001-September 30, 2006**

# **Annual Report**

**Submitted October 2005**

**Prepared by:  
Bragança Micalava MD/ Project Manager**

## **TABLE OF CONTENTS**

A. Executive Summary.....	4
B. Introduction.....	5
C. Program Objectives – Key accomplishments.....	6
D. Training.....	9
E. Home Visits.....	13
F. Technical Assistance.....	14
G. Midterm Evaluation Recommendations.....	14
H. Sustainability.....	16
I. Management System.....	16
J. Mission Collaboration.....	18

K. Work Plan – 5 <sup>th</sup> year.....	19
L. Constraints.....	19
M Challenges.....	19
N. CARE International – FY06 CS Annual Operating Plan.....	20
O. CS Mozambique Updated Project Data Sheet.....	26

## **A. EXECUTIVE SUMMARY**

CARE International in Mozambique in partnership with the Provincial MDH of Nampula, Mozambique, is implementing a Child Survival XVII Project in two districts, Malema and Nampula-Rapale. (See Map of Project Area in Annex A.) The Project started in October 1st 2001 and the Funding for this Child Survival Project comes from USAID Washington and CARE USA.

The total population of the two districts is approximately 259,000 inhabitants, with about 49,000 children under five years of age, and 63,000 women of reproductive age.

Target beneficiaries of this Child Survival project are 44,999 children under 5 years of age and 60,087 women of reproductive age.

The goal of the project is to empower families and health care providers to improve the health and nutritional status of children under five and women of reproductive age through targeted interventions that improve maternal and child nutrition and the access to treatment and preventive measures for malaria.

There are five program objectives:

1. Improve Ministry of Health capacity to provide quality services using the IMCI algorithms and support EPI campaigns.
2. Improve Ministry of Health capacity to provide quality services using the IMCI algorithms and support EPI campaigns.
3. Improve infant and young child nutritional status through improved feeding practices, including exclusive breastfeeding for at least 6 months.
4. Improve maternal nutritional status through dietary changes, iron supplementation (pregnant women), and vitamin A supplementation (post-partum women).
5. Improve access to malaria treatment for both women and children.  
Increase demand for and use of bed nets for malaria prevention.

This report summarizes all of the activities achieved by the Child Survival project, covering the period from April 1, 2003 to June 30, 2003, in the two districts of Nampula Province.

The Project uses two pronged approach in implementing this project. One major strategy is to improve the quality, access to and use of MDH services. The areas of focus are on improved services by increasing knowledge and improving technical skills in malaria case management, nutrition and breastfeeding counseling, and vitamin supplementation of children under five and post-partum women and IMCI.

The second major strategy is to empower communities to improve selected health practices. Focus will be on improving selected nutritional and malaria prevention practices amongst children under 5 years of age and pregnant women. In addition to improving practices, the project will increase health promotion at the community level via community health volunteers, including “ model mothers” .

## **B. INTRODUCTION**

The report summarizes the activities achieved by the Child Survival project, covering the period from October 1, 2004 to September 30, 2005. The project covers two districts - Nampula-Rapale and Malema districts in western Nampula Province in the north of Mozambique districts.

The goal of the project is to empower families and health care providers to improve the health and nutritional status of children under five and women of reproductive age through targeted interventions that improve maternal and child nutrition and the access to treatment and preventive measures for malaria and other diseases.

Last year the most important accomplishments were the implement the support group strategy, and organization on functioning the community council ( comities) leaders, jointly supervision and introduce the concept of IMCI on the health providers. Those activities strengthened. The communities activities and improve the relationships between the health providers and communities

## **C. PROGRAM OBJECTIVES – Key Accomplishments**

(SEE table on following page)

<b>Project objectives</b>	<b>Key Activities (as outlined in the DIP)</b>	<b>Status of Activities</b>	<b>Comments</b>
Improve Ministry of Health capacity to provide quality services using the IMCI algorithms and support EPI campaigns	Provide training in supervision Training MDH staff in IMCI  Support vaccination campaign	The Health personnel in 161 health units are using IMCI algorithm to treat child illness In the jointly supervision the MDH team is using IMCI tools to evaluate quality care The number of Mothers looking for child care in the health units are increased that means that the mothers are bringing their children when they are sick, for growth monitoring and vaccination. All health units have a Calendar for community outreach activities and the community volunteers help the MDH to inform the communities. Then of 16 health units where the project work administrate vaccines The project continues to support the campaigns in Full, petrol and transport.	For vaccination activities the care staff mobilize the communities to participate in the vaccination campaigns
Increased demand for and use of bed nets for malaria prevention	Provide ITN at the community level and information	The ITN are available Communities through community volunteers whom are selling on the communities and in total around 8.000 ITN were selling since 2003 to now.	On baseline survey in 2002 only founded.
1. Improve access to malaria treatment for women and children and increased demand for and use of bed nets for malaria prevention	Train volunteers in malaria management Provide chloroquine for communities	CHVs are trained to distribute chloroquine to persons with symptoms. Actually 8 communities are going as pilot  Clean-up campaigns are implemented by community led by community councils Referral system is functioning in all communities	
Improve maternal nutritional status through dietary	Training volunteers	All health units the Pregnant women receive iron supplementation in the prenatal consultancy	

changes and iron and vitamin A supplementation	in nutrition to disseminate key messages to communities Provide IEC materials	vitamin A Post partum is not distributed because the MDH is out stocks but the polices recommend The mother support groups transmit messages to pregnant Women and advance about how the eat The project provide IEC material to all communities	
Improve infant and young child nutritional status through improved feeding practices, including exclusive breastfeeding for six months.	With MDH define the key messages and train volunteers	The mother Initiate breastfeeding immediately the delivery within one hour of birth The mothers are Breastfeeding exclusively the first six months and up 2 years and after 6 months they offer complementary food five times a day. The support groups advance the mother to offer Children food is enriched with oil.	

1. Bio security
2. Nutrition ( balance diet, demonstration of how prepare food for children up 6 months, Key messages for nutrition of Pregnancy women and children community children weight )
3. Supervision
4. interpersonal communication and counseling (MOH)
5. Community Empowerment (volunteers workers and community council leaders)
6. Obstetrics Emergency (MOH staff)
7. IMCI (MOH staff)

The project Manager assisted the annual workshop in Malawi about Child Survival in new millennium

#### **D. TRAINING**

One hundred and eleven news volunteers from Malema and Nampula district have been trained in general during last year. The training was about malaria, Community Empowering, STI/HIV, participatory methodology pre-natal consultancy health education sessions nutrition, and home visits

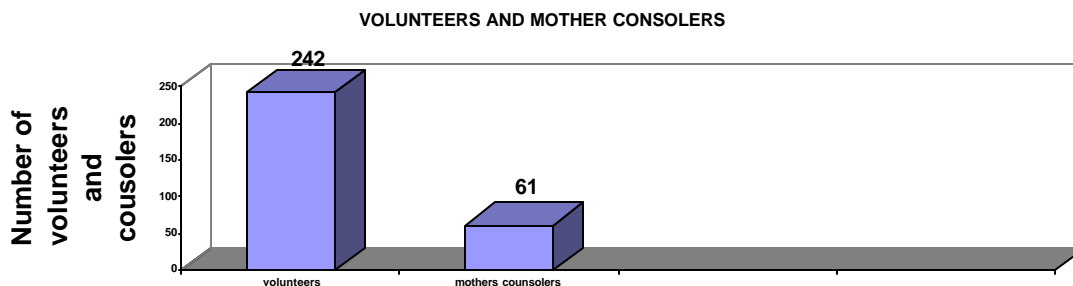
The goal of this training was to prepare the volunteers to advise communities how they can prevent malaria and others illness, advise community about balance diet for children and pregnancy woman and to training for weight children on the community.

According the MTR the project emphasized more in nutrition topics.

The project has been trained 65 mothers as trainers of support groups in nutrition. Those mother train and advise mothers about nutrition on pregnancy women and children. Actually the project is working with 303 volunteers including the nutrition mother counselors. Picture #1,

Other activity on this area was organize and train the community councils leaders in total 16 community councils leaders were organized and trained. Those councils will strengthen the community health activities they are functioning as bridge between community and local government.





## **Malaria**

Malaria is 45% of efforts of this project. On this area the volunteers continued to disseminate messages about prevention of malaria and others diseases. Other important activity was ITN marketing, this important activity is did by volunteers 85 communities of Nampula Rapale and Malema districts and it' s the possibility of the community to get bed nets near then.

The project use volunteers to sell bed nets because volunteers are from Community the people know then they, always make health education sessions and they can advise all about bed nets and supervise because they are near. During last year the number of malaria cases increased in Nampula and Malema district however the number of deaths decreased because the community looked for health services early. We discussed with MDH and agreed that the number increased because the volunteers are referring patients from the communities to health Units and the health worker improves the diagnosis. In general on year the mortality by malaria degreased.

Concerning ITN market the project is subsidising the bed nets, the project continued to promote the usage the bed nets, in total 1.692 bed nets were sold in both districts.

According the DIP other activity in malaria component is community malaria treatment, this activity is implementing in 8 communities in Nampula e Malema districts and we agreed it contributed to reduce the community deaths because in those communities the people have the first cares.

During this period the MDH and CARE supervised this activity and this jointly supervision to allow improving quality in this activity see.

## **African Malaria Day**

Every year Africa celebrate the Malaria day and the project with partnership with MDH organized many activities on this day, the central ceremony took pace in Malema District and 10 gartering about malaria were administrated, street

theatre session and sport activities were done. It was a good experience because this collaboration demonstrated that our activity is complementing MDH efforts in ROLL BACK MALARIA initiative. Picture #7

#### PATIENTS ATTENDED IN THE COMMUNITY HEALTH POSTS

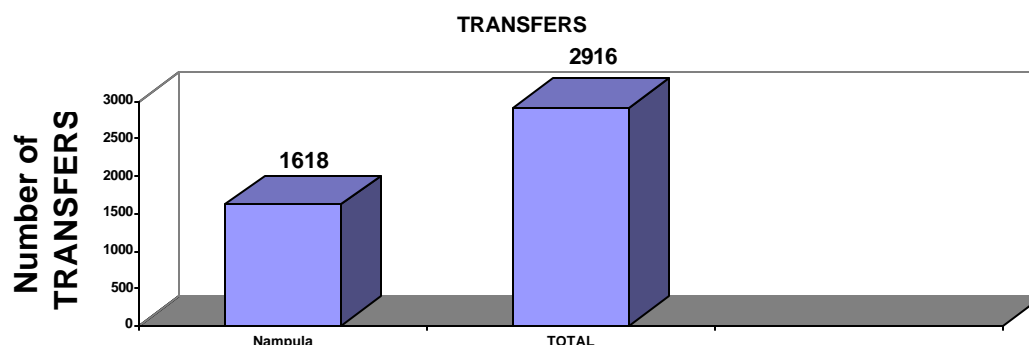
Nampula District		Malem district	
Doença	Doentes	Doença	Doentes atendidos
Malária	1362	Malária	4223
Diarreia	92	Diarreia	-----
Outras doenças	150	Outras doenças	-----
Total	<b>1604</b>	Total	<b>4.223</b>

#### ~~Referral system of patients from communities to health units~~

This activity decreased compared to the last year. This reduction is closely linked to the reduction of impact of community activities (health education sessions). In addition, the project increased the number of health education sessions on Malaria during the peak season for malaria. This effort showed an impact with the reduction of deaths by malaria. The project donated 30 bicycle ambulances for same number of communities. Picture #8

Table 2: Number of referrals to health units per district

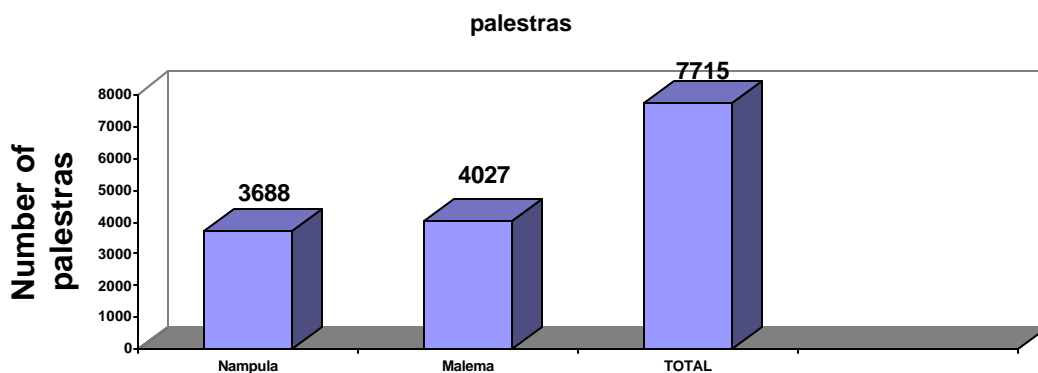
District	Number of referred patients
<b>Malem</b>	<b>1298</b>
<b>Nampula</b>	<b>1618</b>
<b>TOTAL</b>	<b>2916</b>



#### Health Education sessions (Gatherings)

Compared to the last year the number of health education (Palestras) decreased because the project emphasizes the home visits as recommended by MTR. This strategic strengthened the relationship between community and volunteers and improved the quality of key messages because the volunteers has time to talk and chance experiences with his clients. However, the volunteers continued there education sessions at health centers and post, in the afternoons and during the weekend especially at church gatherings. The majority of the topics of the Palestras during last year were malaria, pre-natal consultation, HIV and AIDS, vaccination, nutrition and others. In total 7.715 gathering took place on both districts. Picture #2

Table 3: Number of palestras per district for quarter 1, 2 and 3



## Nutrition

This component is very important for child health and the project is working in 3 areas (diet balance for Children and pregnancy women, growing monitoring and exclusive breastfeeding). Last year those activities were strengthened with organization and training of counselors for mothers support groups for nutrition. The counselors advise and teach mothers how they can care their children and how provide balance die. The support group strategy is very important for rural area because the women can discuss, learn and chance experience with people from same community. In total 85 groups are functioning in both districts. Other activity is the grown monitoring for children under five years, this activity help the mothers from communities that are far of health units to monitor the growing of children. Pictures #3, 4 and 6

## E. HOME VISITS

This activity was the most important tool to disseminate messages on many communities because many people was working in their field and the community meetings are once or twice a month, the volunteers use the afternoons to visit the community and talk about different themes. Other reason is that the woman

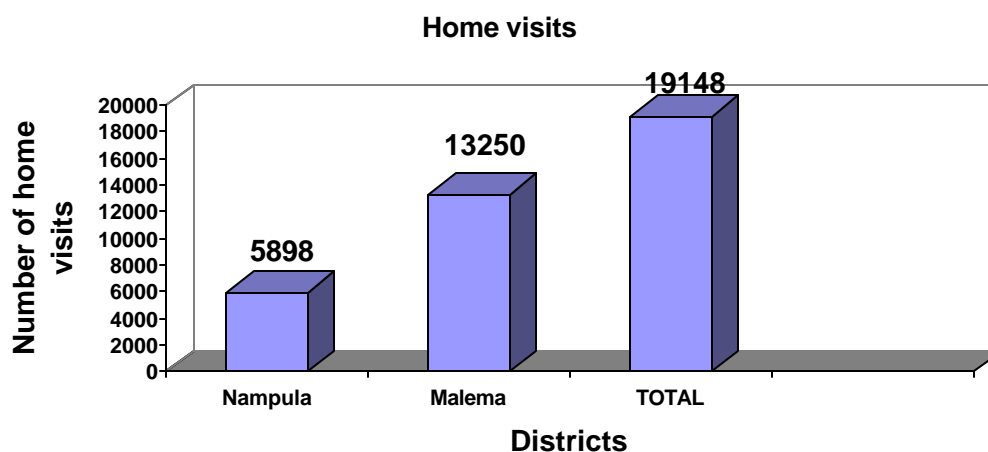
has the possibility to give her opinion at once sometimes on meeting many women can't give opinion.

This component is regarded as very good opportunity to communicate health messages and to have a dialogue with the customer. In addition, information can be tailored according the costumer needs and interest and more time can be given to discuss individual problems.

In table number of home visits in two districts

#### Home visits by community volunteers

DISTRICT	HOME VISITS
Malema	13250
Nampula	5.898
<b>General Total</b>	<b>19148</b>



#### **F. TECHNICAL ASSISTANCE**

As this project enters its final year of implementation, Technical Assistance will be needed for Final Evaluation. An external consultant and some external interviewers will be needed to complement project staff and Ministry of Health staff team for conducting final KPC survey of mothers of children under age two. After results are produced, a Consultant will be needed to lead participatory qualitative Final Evaluation.

#### **G. MIDTERM EVALUATION RECOMMENDATIONS**

1. It is recommended that during the remaining two years of project life the focus be on strengthening sustainability in the 85 communities where activities have been established. Entry into new communities should be limited and only in those communities where it can be expected to fully establish activities by 2006.

On the annual (October 2004) meeting decided that no more communities and the project must concentrate to strengthening the communities, but the project added 13 new communities because the MDH requested the project for this communities, those communities were previously organized there are Care Projects. Actually the MDH supervise the community activities

2. The project should also introduce Community Health Volunteers to the concept of IMCI and adapt the referral system

The project provides funds for IMCI training for 27 health workers and reviewed the curriculum of community health volunteers training. five training lasted in October and December was introduced the concept of Community IMCI and others 3 training planed in next year will be introduced this topic.

The project should also introduce Community Health Volunteers to the concept of IMCI and adapt the referral system

3. It is recommended that project management consider including outside training facilitators to periodically support and accompany the new Training Coordinator for the remainder of 2003

The Project Manager contacted the MSAU and asked support in nutrition area the MDH provide technical assistance to review the nutrition curriculum and now is working jointly with Vida Project in Hearth model of malnutrition recuperation initiative.

4. The newly formed Nutrition Counselors and Mothers Support Groups appear to be an excellent mechanism for promoting changes in maternal and child health. The project should continue strengthening these groups as planned. This initiative was expanded to more communities and the training of community leaders and the formation of Community Health Committees (or Councils) will strengthen those groups.

Actually 85 support groups were trained and are e working in 38 communities and 35 community leaders councils were trained and up now are functioning. The project planed to train more 35 mothers and 15 community leader' s councils up September 2006

5. Project management plans to focus on the production of IEC materials in the immediate future. This is recommended as urgently needed to maintain the enthusiasm of project activities which has been generated at the community level

The IEC coordinator reviewed and produced IEC material for all communities and all communities have basic IEC material for there activities

6. Community-based growth monitoring in communities

This activity is implementing in 8 communities, jointly supervision showed that this activity is very important to reduce and prevent severe

malnutrition on children however this activity must complement with vaccination. The Project is waiting for authorization of MDH to expand to more communities

7. Caution is also recommended in establishing distribution of chloroquine by Community Health Volunteers. They should be provided with small amounts. The drugs are kept in warehouse of MDH, each community received two jointly supervision and the MDH staff agree that are not problem with stock management. All drug management the responsibility passed to MDH.

## **H. SUSTAINABILITY**

For this issue the project actually has held meetings and negotiations. The project and MDH are preparing agreement between volunteers, MDH and CARE. The other challenge is project final evaluation planed to 2006; actually the field staffs are working with local Government and health authorities. The volunteers are intensifying their activities focussed on quality e community involvement.

## **I. MANAGEMENT SYSTEM**

The program runs well last year, one factor that contributed positively was the staff that worked as a team and all activities were coordinated between field staff, senior staff and partners. The all staff had a monthly meeting were discussed the done activities and planed for next month. Those meeting are very important because all staff has opportunity to share there experiences

### **Financial management**

The Project Manager has been trained in Care' s financial systems, he participated on finance and administration systems workshop, last year the project Manager with support of Maputo office prepared the budget for FY06 and procurement plan and prepared the Budget of OKUM (new CS Project). The Major financial resources were used on training of beneficiaries and partners. Another area that the found was employed was equipment, supplies and salaries.

The spent were according the annual procurement. The project received found from John Martello Foundation (30.000 USD) and it' s spent in training and equipment (new motorcycle)

### **Human Resources**

The Project Manager based in Nampula is directly responsible for project and personnel performance management. He is assisted by a Health and HIV/AIDS

Coordinator based in Maputo. She oversees project implementation and provides technical and supervisory support to the Project Manager; All staff received annual performance the Project organ gram is in annex.

During last year the project remain with same staff. Nevertheless Care Has a new Health and HIV/AIDS coordinator and one Community assistant decided to leave to other NGO. On this period the staff received update training in different topics

### **Partners**

During the last year, the project has developed and fortified the relationships with key partners in special the MDH provincial level. During last year all activities planed, implemented and supervised jointly our principal partner MDH. Each 3 months the project had a meeting with partners to discuss the progress of the project and planed activities for the next quarter. The last meeting was the planed activities for October 2005 to September 30 2006. The project continued supporting auto rich activities. In august and September the support the vaccination campaign against polio, measles and vitamin A administration. The biggest success was the jointly supervision in health units and communities

The project supports the vaccination program trough petrol and training, office materials and transport. Others partners are Care projects whom the project share training materials and experiences.

### **J. MISSION COLLABORATION**

This project supports the USAID Mzambique Strategic Objective No.8: Increased use of child survival and reproductive health services and all three Intermediate Results:

IR#1: Increased access in quality child survival and reproductive health services.

IR#2: Increased demand at community level for child survival and reproductive health services.

IR#3: Mbre accountable policy and management.

These also support the Government of the Republic of Mzambique's Health Sector Strategic Plan and the GRM National Poverty Reduction Strategy to improve the well-being of the poor and the quality of human capital, through increased health care provision, capacity-building of health personnel, and health advocacy for the role of communities in health promotion and improvements to services.

CARE Mozambique has close relations with USAID Mozambique through several projects, including the Okumi Project which is implemented in Nampula jointly with Save the Children and funded by USAID Mozambique. This Child Survival Project will be visited by Jill Boezwinkle from USAID CSHGP (Washington) in October 2005.

#### **K. WORK PLAN 5<sup>TH</sup> YEAR**

Activities	Q I	Q II	Q III	Q IV
Aop	X			
Annual individual plan	X			
Supervision system	X	X	X	X
Monitoring and evaluation	X	X	X	X
Final evaluation				X
Training up date	X	X	X	X
Institutional strengthening	X	X	X	X
Supervision	X	X	X	X
Supplies	X	X	X	X
Up date volunteers	X	X	X	X
Community information system	X	X	X	X
Community activities	X	X	X	X
Meeting jointly activities	X	X	X	X

#### **L. CONSTRAINTS**

The principal constraint last year was the reduction of the planned budget and the project had to reduce some activities.

The project had two funders: USAID, and CARE Match Fund. During last year the CARE match was not in hand, nevertheless the project continues working in key activities (Health education session, Community training, community empowerment, and support of vaccination campaigns.)

#### **M. CHALLENGES**

The great challenge for the next year will be to strengthen the activities and prepare the Final evaluation.

For the next year the project will work in partnership with the Ministry of Health to ensure that the volunteers and community council leaders continue the community activities and the MOH supervise those activities. All volunteers will be incorporated on the national volunteer's network and CARE will facilitate



this process. Actually taken place meeting and negotiations. The project and MDH are preparing agreement between volunteers, MDH and CARE.

The other challenge is project final evaluation planed to 2006; actually the field staffs are working with local Government and health authorities. The volunteers are intensifying their activities focussed on quality e community involvement.

#### **N. CARE International – CS Annual Operational Plan**

(See following page)

CHILD SURVIVAL								
OBJECTIVE	ACTIVITY	INDICATOR	QUARTER				RESPONSABILITY	SUPPORT
To involve the leaders and the support of the community leaders in the fight against the malaria and bad nutrition mainly in the prevention area	Training of leaders on malaria area and nutrition areas focused in the prevention To form the community counsel leaders to discuss the communities' problems	1. number of communities with counsels working 2. Number of leaders trained and supporting project activities	X	X	X	X	Community assistants  Deputy project manager	Lead community  Government authorities at the level of the District
To help the Health District Direction to improve quality services in the sanitary units and Improve the community health	<ul style="list-style-type: none"> <li>- To do rising of quality assessment on the health units</li> <li>- To develop action plan according the results</li> <li>- - to train the health staff in malaria case management, MCI, human resources and material management, advocacy and supervision</li> <li>- To support DDS in essential materials for the good services</li> </ul>	<b>1-Number of health workers trained in administration and supervision</b>  Number of health workers trained in MCI and implementing Number of health workers trained in Malaria Number of health units with quality services Standard	X	X	X		Project Manager  Training Coordinator  Deputy Project manager	DPS DDS
			X	X	X	X	Project Manager	Program support
To strengthen (empower) the communities	<ul style="list-style-type: none"> <li>- Volunteers up date</li> <li>- Formation of mothers'</li> </ul>	Number of volunteers trained in various themes and implementing						

	<p>support groups to disseminate messages about nutrition and bread feeding</p> <p>- To negotiate with the health units to introduce the community supervision and periodic meetings with the personnel of health for discussion of the problems of the community's health</p> <p>-</p>	<p>health education sessions</p> <p>Number of mothers support group functioning</p> <p>Number meetings did by health workers with community counsels functioning</p> <p>Number of supervision of health unit to community</p>			X	X	<p>Community assistants</p> <p>Deputy Project manager</p>	<p>DDS</p>
--	---	---	--	--	---	---	---	------------

To reduce the infant mortality goes malaria and bad nutrition in the two districts	<ul style="list-style-type: none"> <li>- To up date health staff for malaria case management</li> <li>- To expand community malaria treatment</li> </ul>	<p>Number of health workers trained in malaria and implementing</p> <p>Number of communities with community malaria treatment</p>	X	X	X	X	Project Manager	DPS DDS
			X	X			Project Manager	
				X			Project Manager	
	- Cloroquina purchase		X				Project Manager	Program Support

	-		X	X				
To increase the access of the bed nets for children under five year-old and pregnant women	<ul style="list-style-type: none"> <li>- Sell bed nets in the health units t for pregnant women and children under 5 years t</li> <li>- Sell bed nets on the health units (posts) in collaboration of health workers</li> <li>- To provide stocks at community level</li> </ul>	<p>Number of children under 5 years old sleeping under treated bed nets</p> <p>Number of health units selling bed nets</p>	X	X	X	X	<p>Deputy project Manager</p> <p>Project Manager</p> <p>Field supervisors</p> <p>Project Manager</p>	<p>Bosses of the Sanitary units</p>
To strengthen the partnership relationships with other organizations and Government	Regular meeting to discuss the progress of the project and share experiences.		X					

			X				Project Manager	Health Coordinator
Prepare the staff on different areas	Made workshops according the project objectives and staff needs	Training plan Reports	X	X	X	X	Training coordinator	

## O. CS Mozambique Updated Project Data Sheet

# CSHGP Project Data Sheet (Sub Form 1 of 7)

Project: **CARE - Mozambique**  
**(2001 - 2006) -**  
**Standard Project**

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### General Project Information: [<Help>](#)

Cooperative Agreement Number:	HFP-A-00-01-00038-00
CARE HQ Backstop Person:	Joan Jennings
Project Grant Cycle #:	17
Project Start Date:	9/30/2001
Project End Date:	9/29/2006

USAID Mission Contact Person:	Abuchahama Saifodine
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Title:

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Telephone:

Additional Project Address  
Information

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Country: Mozambique

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### ***Alternate Field Contact***

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**Fax:**

**Project Web Site:**

### ***Grant Funding Information:***

**USAID Funding: (US \$)**

\$1,300,000

**PVO  
Match: (US  
\$)**

\$744,446

### ***Project Description:***

The goal of the CARE's Child Survival project in Mozambique is to empower families and health care providers to improve the health and nutritional status of children under five and women of reproductive age through targeted interventions that improve maternal and child nutrition and the access to treatment and preventive measures for malaria, and health care providers (community-based practitioners and Ministry of Health personnel) in the target area improve specific health practices.

The program will include interventions in maternal and child nutrition (Vitamin A and iron supplementation, breastfeeding), malaria, IMCI and immunizations. CARE will use a two-pronged approach in implementing this project. One major strategy will be to improve the quality, access to and use of MOH services. The second major strategy will be to empower communities to improve selected health practices.

**Project Location:**



Nampula Province (Mecuburi, Ribaue and malema Districts)(Lalaua District in Year 4)

**Project: CARE - Mozambique  
(2001 - 2006) -  
Standard Project**

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out this form]

<b>Partner Information:</b>		<a href="#">&lt;Help&gt;</a>
Partner Name:	Partner Type:	
1. <input type="text"/>	<input type="text" value="Select the Partner Type"/>	

**Project: CARE - Mozambique  
(2001 - 2006) -  
Standard Project**

[Do Not Use the Back Button on  
Your Web Browser while filling  
out this form]

<b>Project Location/ Subareas:</b>	<a href="#">&lt;Help&gt;</a>
Does this project collect, monitor and report on Rapid CATCH data for different <i>geographic</i> project subareas ?	
<input type="checkbox"/>	Yes
If this is true, click <b>Yes</b> and enter each distinct subarea name: If this is false, click <b>No</b> .	

**Project: CARE - Mozambique  
(2001 - 2006) -  
Standard Project**

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<b>Strategies:</b>	<a href="#">&lt;Help&gt;</a>
<i>The following 3 boxes list different kinds of general strategies, assessment tools and BCC strategies that could be implemented during the life of this CSHGP project. Please check those boxes that are planned for this project.</i>	
<b>General Strategies:</b>	
Microenterprise <input type="checkbox"/>	Social Marketing <input type="checkbox"/>

Private Sector Involvement <input type="checkbox"/>	Advocacy on Health Policy <input type="checkbox"/>
Strengthen Decentralized Health System <input checked="" type="checkbox"/>	Information System Technologies <input type="checkbox"/>
Use Sustainability Framework (CSSA) <input type="checkbox"/>	

<b><i>M&amp;E Assessment Strategies:</i></b>	
KPC survey <input checked="" type="checkbox"/>	Health Facility Assessment <input checked="" type="checkbox"/>
Organizational Capacity Assessment with Local partners <input type="checkbox"/>	Organizational Capacity Assessment for your own PVO <input checked="" type="checkbox"/>
Participatory Rapid Appraisal <input type="checkbox"/>	Participatory Learning in Action <input type="checkbox"/>
Lot Quality Assurance Sampling <input type="checkbox"/>	Appreciative Inquiry-based strategy <input type="checkbox"/>
Community-based Monitoring Techniques <input checked="" type="checkbox"/>	Participatory Evaluation Techniques(for mid-term or final evaluation) <input checked="" type="checkbox"/>
Use of Pocket PCs or Palm PDA Devices <input type="checkbox"/>	TB Cohort Analysis <input type="checkbox"/>

<b><i>Behavior Change &amp; Communication (BCC) Strategies:</i></b>	
Social Marketing <input type="checkbox"/>	Mass Media <input type="checkbox"/>
Interpersonal Communication <input checked="" type="checkbox"/>	Peer Communication <input checked="" type="checkbox"/>
Support Groups <input checked="" type="checkbox"/>	Use of BEHAVE Framework <input type="checkbox"/>

Capacity Building: <Help>				
Please check the box next to each capacity building area or group that is targeted for institutional strengthening during the life of this CSHGP project:				
PVO	Non-Govt Partners	Private Sector	Govt	Community
US HQ (General) <input checked="" type="checkbox"/>	PVOs (Int'l./US) <input type="checkbox"/>	Pharmacists or Drug Vendors <input type="checkbox"/>	National MOH <input type="checkbox"/>	Health CBOs <input type="checkbox"/>
US HQ (CS Unit) <input checked="" type="checkbox"/>	Local NGO <input type="checkbox"/>	Business <input type="checkbox"/>	Dist. Health System <input type="checkbox"/>	Other CBOs <input type="checkbox"/>
Field Office <input checked="" type="checkbox"/>	Networked <input type="checkbox"/>	Traditional Healers <input type="checkbox"/>	Health Facility Staff <input checked="" type="checkbox"/>	CHWs <input checked="" type="checkbox"/>
HQ <input checked="" type="checkbox"/>	Group <input type="checkbox"/>	Private Providers <input type="checkbox"/>	Other National Ministry <input type="checkbox"/>	FBOs <input type="checkbox"/>
CS Project <input checked="" type="checkbox"/>	Multilateral <input type="checkbox"/>			
Team <input checked="" type="checkbox"/>				

Project Interventions & Components: <Help>			
<p>Enter a percentage representing the amount of funds your project is targeting towards each intervention. If you are not implementing a particular intervention then leave the box blank. On the same line as the intervention percentage, check the boxes indicating whether or not this intervention is part of an overall IMCI strategy and also check the kinds of training (CHW or HF) envisioned for this particular intervention. For each intervention implemented, check the specific intervention components that are planned.</p>			
<b>Immunizations</b> <input type="text" value="10"/> %	<b>IMCI Integration</b> <input checked="" type="checkbox"/>	<b>CHW Training</b> <input checked="" type="checkbox"/>	<b>HF Training</b> <input checked="" type="checkbox"/>
<b>Polio</b> <input type="checkbox"/>	<b>Classic 6 Vaccines</b> <input type="checkbox"/>	<b>Vitamin A</b> <input type="checkbox"/>	<b>Surveillance</b> <input type="checkbox"/>
<b>Cold Chain Strengthening</b> <input type="checkbox"/>	<b>New Vaccines</b> <input type="checkbox"/>	<b>Injection Safety</b> <input type="checkbox"/>	<b>Mobilization</b> <input type="checkbox"/>
<b>Measles Campaigns</b> <input type="checkbox"/>	<b>Community Registers</b> <input type="checkbox"/>		

Nutrition <input type="text" value="20"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
ENA <input type="checkbox"/>	Gardens <input checked="" type="checkbox"/>	Comp. Feed. from 6 mos. <input type="checkbox"/>	Hearth <input type="checkbox"/>
Cont. BF up to 24 mos. <input type="checkbox"/>	Growth Monitoring <input type="checkbox"/>	Maternal Nutrition <input checked="" type="checkbox"/>	
Vitamin A <input type="text" value="5"/> %	IMCI Integration <input type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Supplementation <input type="checkbox"/>	Post Partum <input type="checkbox"/>	Integrated with EPI <input type="checkbox"/>	Gardens <input type="checkbox"/>
Micronutrients <input type="text" value="5"/> %		CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Iodized Salt <input type="checkbox"/>	Iron Folate in Pregnancy <input checked="" type="checkbox"/>	Zinc (Preventive) <input type="checkbox"/>	Food Fortification <input type="checkbox"/>
Pneumonia <input type="text" value=""/> %	IMCI Integration <input type="checkbox"/>	CHW Training <input type="checkbox"/>	HF Training <input type="checkbox"/>
Pneum. Case Mngmnt. <input type="checkbox"/>	Case Mngmnt. Counseling <input type="checkbox"/>	Access to Providers Antibiotics <input type="checkbox"/>	Recognition of Pneumonia Danger Signs <input type="checkbox"/>
Zinc <input type="checkbox"/>	Community based treatment with antibiotics <input type="checkbox"/>		

Control of	IMCI Integration <input type="checkbox"/>	CHW	HF Training <input type="checkbox"/>
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Diarrheal Diseases <input type="text"/> %		Training <input type="checkbox"/>	
Water/Sanitation <input type="checkbox"/>	Hand Washing <input type="checkbox"/>	ORS/Home Fluids <input type="checkbox"/>	Feeding/Breastfeeding <input type="checkbox"/>
Care Seeking <input type="checkbox"/>	Case Mngmnt./Counseling <input type="checkbox"/>	POU Treatment of water <input type="checkbox"/>	Zinc <input type="checkbox"/>
Malaria <input type="text"/> 45 %	IMCI Integration <input type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Training in Malaria CM <input type="checkbox"/>	Adequate Supply of Malarial Drug <input type="checkbox"/>	Access to providers and drugs <input checked="" type="checkbox"/>	Antenatal Prevention Treatment <input type="checkbox"/>
ITN (Bednets) <input checked="" type="checkbox"/>	ITN (Curtains and Other) <input type="checkbox"/>	Care Seeking, Recog., Compliance <input type="checkbox"/>	IPT <input type="checkbox"/>
Community Treatment of Malaria <input type="checkbox"/>	ACT <input type="checkbox"/>	Drug Resistance <input type="checkbox"/>	Environmental Control
Maternal & Newborn Care <input type="text"/> %	IMCI Integration <input type="checkbox"/>	CHW Training <input type="checkbox"/>	HF Training <input type="checkbox"/>
Emerg. Obstet. Care <input type="checkbox"/>	Neonatal Tetanus <input type="checkbox"/>	Recog. of Danger signs <input type="checkbox"/>	Newborn Care <input type="checkbox"/>
Post partum Care <input type="checkbox"/>	Delay 1st preg Child Spacing <input type="checkbox"/>	Integr. with Iron & Folate <input type="checkbox"/>	Normal Delivery Care <input type="checkbox"/>
Birth Plans <input type="checkbox"/>	STI Treat. with Antenat. Visit <input type="checkbox"/>	Home Based LSS <input type="checkbox"/>	Control of post-partum bleeding <input type="checkbox"/>
PMTCT of HIV <input type="checkbox"/>	Emergency Transport <input type="checkbox"/>		
Child Spacing <input type="text"/> %	IMCI Integration <input type="checkbox"/>	CHW Training <input type="checkbox"/>	HF Training <input type="checkbox"/>

Child Spacing Promotion <input type="checkbox"/>	Pre/Post Natal Serv. Integration <input type="checkbox"/>		
Breastfeeding <input type="text" value="15"/> %	IMCI Integration <input type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Promote Excl. BF to 6 Months <input checked="" type="checkbox"/>	Intro. or promotion of LAM <input type="checkbox"/>	Support baby friendly hospital <input type="checkbox"/>	PMTCT of HIV <input type="checkbox"/>
HIV/AIDS <input type="text"/> %		CHW Training <input type="checkbox"/>	HF Training <input type="checkbox"/>
OVC <input type="checkbox"/>	Treatment of STIs <input type="checkbox"/>	Behavior Change Strategy <input type="checkbox"/>	Access/Use of Condoms <input type="checkbox"/>
STI Treat. with Antenat. Visit <input type="checkbox"/>	ABC <input type="checkbox"/>	PMTCT <input type="checkbox"/>	Nutrition <input type="checkbox"/>
Home based care <input type="checkbox"/>	PLWHA <input type="checkbox"/>	ARVs <input type="checkbox"/>	HIV Testing <input type="checkbox"/>
Family Planning & Reproductive Health <input type="text"/> %	IMCI Integration <input type="checkbox"/>	CHW Training <input type="checkbox"/>	HF Training <input type="checkbox"/>
Knowledge/Interest <input type="checkbox"/>	FP Logistics <input type="checkbox"/>	Community-Based Distribtuion <input type="checkbox"/>	Social Marketing <input type="checkbox"/>
Male Reproductive Health <input type="checkbox"/>	Youth FP Promotion <input type="checkbox"/>	Quality Care <input type="checkbox"/>	Human Capacity Development <input type="checkbox"/>
FP/HIV integration <input type="checkbox"/>	Maternal/Neonatal Integration <input type="checkbox"/>	Cost Recovery Schemes <input type="checkbox"/>	Community Involvement <input type="checkbox"/>
Access to Methods <input type="checkbox"/>	Policy <input type="checkbox"/>		

<b>Tuberculosis</b> <input type="text"/> %	<b>IMCI Integration</b> <input type="checkbox"/>	<b>CHW Training</b> <input type="checkbox"/>	<b>HF Training</b> <input type="checkbox"/>
<b>Facility based treatment/DOT</b> <input type="checkbox"/>	<b>Microscopy</b> <input type="checkbox"/>	<b>Monitoring/Supervision Surveillance</b> <input type="checkbox"/>	<b>Community IEC</b> <input type="checkbox"/>
<b>Drug management</b> <input type="checkbox"/>	<b>Advocacy/Policy</b> <input type="checkbox"/>	<b>Linkages with HIV services</b> <input type="checkbox"/>	<b>Community based care/DOT</b> <input type="checkbox"/>
<b>Pediatric TB</b> <input type="checkbox"/>			

Project: **CARE - Mozambique**  
(2001 - 2006) - Standard Project

[Do Not Use the Back Button on  
Your Web Browser while filling  
out this form]

<b>Target Beneficiaries: &lt;Help&gt;</b>	
<b>Infants &lt; 12 months:</b>	<input type="text" value="9,900"/>
<b>Children 12-23 months:</b>	<input type="text" value="9,450"/>
<b>Children 0-23 months:</b>	<input type="text" value="19,350"/>
<b>Children 24-59 months:</b>	<input type="text" value="28,649"/>
<b>Women 15-49 years:</b>	<input type="text" value="60,087"/>
<b>Population of Target Area:</b>	<input type="text" value="259,000"/>

Project: **CARE - Mozambique (2001 - 2006) -**  
**Standard Project**

<b>Rapid CATCH Data:</b>
Click on the <b>Red link</b> (under the 'Stage' column) to view/access/update Rapid Catch data for that phase of the project.
If data has already been entered for a particular phase, the date of first entry

will appear under the 'Date' column and an 'X' will appear under the 'Entered' column.

Date	Stage	Entered
11-Mar-05	DIP	X
	Mid Term	
	Final Evaluation	